



Our Ref. No.: 15675.P467

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Mathieu Lion et al.)
Serial No.: 10/615,313)
Filed: July 7, 2003)
For: **A FOOD TEMPERATURE MONITORING**)
DEVICE)

)

Fee
Only

Mail Stop: Amendments
Commission for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

PRELIMINARY AMENDMENT

Sir:

Please enter the following preliminary amendment for the present patent application.

10/615,313

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10615313

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS	
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	minus 20 =
INDEPENDENT CLAIMS	minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	Fee
BASIC FEE	395,00
OR	BASIC FEE
XS 25 =	790,00
OR	XS 50 =
X 100 =	X 200 =
+ 180 =	+ 360 =
TOTAL	TOTAL

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	12/28/04	CLAINS REMAINING AFTER AMENDMENT		
Total	31	Minus	30	= 1
Independent	1	Minus	3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
XS 25 =	25
OR	XS 50 =
X 100 =	X 200 =
+ 180 =	+ 360 =
TOTAL ADDIT. FEE	25
OR ADDIT. FEE	TOTAL

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	CLAINS REMAINING AFTER AMENDMENT			
Total	Minus	**	=	
Independent	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

ADDITIONAL FEE	ADDITIONAL FEE
XS 25 =	XS 50 =
OR	X 200 =
X 100 =	+ 360 =
+ 180 =	
TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	CLAINS REMAINING AFTER AMENDMENT			
Total	Minus	**	=	
Independent	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

ADDITIONAL FEE	ADDITIONAL FEE
XS 25 =	XS 50 =
OR	X 200 =
X 100 =	+ 360 =
+ 180 =	
TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.